

# **PART B - ISSUE FEE TRANSMITTAL**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

## 1. CORRESPONDENCE ADDRESS

12M1/0713  
LOWE, PRICE, LEBLANC AND BECKER  
99 CANAL CENTER PLAZA, SUITE 300  
ALEXANDRIA, VA 22314

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/019,011

02/18/93

014,000 FORD, J

1202

07/13/94

First Named  
Applicant

DEAN,

THOMAS R. R. R.

TITLE OF  
INVENTION

SULFONAMIDES USEFUL AS CARBONIC ANHYDRASE INHIBITORS

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPL. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1 11530

514-222.800

C60

UTILITY

NO

\$1170.00

10/13/94

## 3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1. Sally Yeager,

2.

3.

DO NOT USE THIS SPACE

P 30036 09/29/94 08019011

P 30037 09/29/94 08019011

01-0682 030 142

01-0682 030 561

1,170.00CH

30.00CH

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE

Alcon Laboratories, Inc.

(2) ADDRESS: (CITY & STATE OR COUNTY)

Fort Worth, Texas

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Delaware

6a. The following fees are enclosed:

☐ Issue Fee ☐ Advanced Order - # of Copies

(Minimum of 10)

6b. The following fees should be changed to:

DEPOSIT ACCOUNT NUMBER 01-0682

(ENCLOSED PART C)

☒ Issue Fee ☒ Advanced Order - # of Copies

(Minimum of 10)

☐ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE